

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

55764

FILED DEC 9 - 1957

STATE FILE NUMBER

Registration District No. 98 Primary Registration District No. 4163 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <i>Warren</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Warren</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Jamesport</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Jamesport</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>SAMUEL</i> Middle <i>C</i> Last <i>O'DELL</i>				4. DATE OF DEATH Month <i>Nov.</i> Day <i>1</i> Year <i>1957</i>			
5. SEX <i>M</i>		6. COLOR OR RACE <i>W</i>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>Mar. 25 - 1881</i>	
9. AGE (In years last birthday) <i>76</i>		IF UNDER 1 YEAR Months <i>7</i> Days <i>6</i>		IF UNDER 24 HRS. Hours <i>7</i> Min. <i>6</i>		10. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired R.R. Clerk</i>				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (City and state or country) <i>Jamesport Mo.</i>				12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>			
13. FATHER'S NAME <i>Isaac O'llell</i>				14. MOTHER'S MAIDEN NAME <i>Mary O'llell</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)		16. SOCIAL SECURITY NO. <i>702-05-3049</i>		17. INFORMANT <i>P.C. O'llell Jamesport Mo.</i>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Occlusion</i> Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>4201</i>						INTERVAL BETWEEN ONSET AND DEATH <i>5 min</i>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <i>Nov 1 - 57</i> to <i>Nov 1 - 57</i> and last saw <i>him</i> alive on <i>Nov 1 - 57</i> Death occurred at <i>344 S. W. 1st St.</i> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>J. B. Bailey</i>				22b. ADDRESS <i>Jamesport Mo.</i>		22c. DATE SIGNED <i>12-3-57</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>Nov. 4 - 1957</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Masonic</i>		23d. LOCATION (City, town, or county) (State) <i>Jamesport Mo.</i>	
24. FUNERAL DIRECTOR <i>C. L. Roberson</i>		ADDRESS <i>Jamesport Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>12-6-1957</i>		26. REGISTRAR'S SIGNATURE <i>Virginia M. Englehart</i>	

FEB 27 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Robert N. Maharg*.....

Licensed Embalmer No. *43*.....

P. O. Address *Jamesport*.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (F to comply with the above constitutes grounds for revocation of license).
If embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.
If this body is not embalmed, fact should be so stated above.